

MONTANA BLASTER LICENSING PROGRAM

301 S Park, P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2351 FAX (406) 841-2305
E-mail dlibsdbbc@state.mt.us
Website: <http://www.discoveringmontana.com/dli/bla>

QUALIFICATIONS, EXAMINATION INFORMATION AND FEE SCHEDULE FOR CONSTRUCTION BLASTER LICENSURE

In order to be eligible for the examination or to be licensed by reciprocity an applicant must meet the necessary requirements prescribed by the Department of Labor and Industry, as required by Title 37, Chapter 72, Montana Code Annotated.

GENERAL QUALIFICATIONS:

Pay an application fee.
Be at least 18 years of age.
Be of good moral character.
Not have a felony or misdemeanor convictions involving the use of explosives.
Not be addicted to narcotic drugs or intemperate in the use of alcohol.
Satisfy training and experience requirements.
Successfully complete an examination.

CLASSIFICATIONS:

- Class 1 - Blasting for all types of construction, except demolition (see Class 3)
- Class 2 - Restricted blasting for construction with blast designs up to millisecond delay systems and single initiation course.
- Class 3 - Demolition blasting for reducing destroying or weakening any residential commercial or other building or structure.
- Class 4 - Utility blasting not exceeding 10 pounds of explosives and generally limited to single shot applications.

TRAINING REQUIREMENTS:

Applicants must successfully complete a training program in construction blasting that has been recognized by the explosives or construction industry and is approved by the department. Training programs must offer comprehensive instruction in safe use of explosives, methods and purposes of their use, and safety procedures for storage. Programs shall be at least 24-hours for a Class 1, Class 2 or Class 3 license and 8 hours for a Class 4 license. Any training programs not on the approved list will be considered for approval based upon content and quality of the course.

- a) The following training courses are approved for Class 1, 2, 3, and 4 licenses:
 - Northwest Laborers Employers Training Program
 - Laborers - ACG Training Program for Montana
 - Kinopak Blasting Seminar
 - Dupont Blasting Seminar
 - Society of Explosive Engineers
 - Karl Burgher Explosive Classes
 - United States Forest Service Explosive training classes
 - BS Consulting Explosive training class (William and Amanda Hale, trainers)

EXPERIENCE REQUIREMENTS:

Applicants must have successfully complete two years of training experience in construction blasting, and because of that experience is familiar with the practical aspects of construction blasting.

EXAMINATION REQUIREMENTS:

Applicants must have achieved a grade of 80% or higher on an examination based upon the adopted standards and regulations regarding the use of explosives. An examination will be administered after completion of the training and experience requirement.

LICENSURE FROM OTHER STATES:

A license may be issued if the applicant has a current certificate, license or permit issued by another state or agency if the United States, if it is determined that the requirements are equivalent to those required in Montana.

FEES:

APPLICATION FEE	\$35.00
EXAMINATION FEE	\$25.00
LICENSE FEE	\$40.00
ANNUAL RENEWAL FEE	\$40.00
RE-EXAMINATION FEE	\$35.00
REPLACEMENT OF LICENSE	\$15.00

INSTRUCTIONS:

Complete the application in its entirety and submit it with the required application fee.

*Incomplete applications will be returned.

Make all checks and money orders payable to: DEPARTMENT OF LABOR AND INDUSTRY.

MONTANA BLASTER LICENSING PROGRAM
301 S Park, PO Box 200513
Helena, Montana 59620-0513
(406) 841-2351 FAX (406) 841-2305
E-mail dlibsdbbc@state.mt.us
Website: <http://www.discoveringmontana.com/dli/bla>

APPLICATION FOR LICENSURE AS: (please check one)

- ☐ CLASS 1 - Blasting for all types of construction, except demolition
☐ CLASS 2 - Restricted blasting
☐ CLASS 3 - Demolition
☐ CLASS 4 - Utility

1. FULL NAME: _____
Last First Middle
2. OTHER NAME (S) KNOWN BY: _____
3. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country
4. PRESENT EMPLOYER: _____
- EMPLOYER'S ADDRESS: _____
Street or PO Box # City and State Zip Country
5. PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____
6. TELEPHONE: () () ()
Business Home Fax
7. SOCIAL SECURITY NUMBER: FOREIGN ID #: _____
8. DATE OF BIRTH: AGE : ☐ MALE ☐ FEMALE
9. LICENSE NAME: _____
(State your name as it should appear on the license if granted.)

All applicants must answer the following questions. If you answer yes to any of the following give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodations? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever applied for or taken a Montana construction blaster licensure examination? If yes, attach a detailed explanation giving type of examination taken, date taken, and results. ☐ Yes ☐ No
12. Have you ever applied for or taken a construction blasters licensure examination in any other state? If yes, attach a detailed explanation giving name of state, type of examination taken, date applied for or taken, and results. ☐ Yes ☐ No
13. Have you ever been denied the right to take a crane licensure examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? If yes, attach a detailed explanation. ☐ Yes ☐ No

15. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
23. Do you currently hold a license in Montana or another state as a crane operator? If yes, provide the following information: (Attach a supplement sheet if necessary.) ☐ Yes ☐ No

State/Province/Territory	License Number	Date Issued	Is it Current	Class/Type of License
--------------------------	----------------	-------------	---------------	-----------------------

24. TRAINING COURSES:

List any training courses you have completed and include a copy of the certification:

Name of Course	Course Sponsor	Dates Attended
----------------	----------------	----------------

26. EXPLOSIVES TO BE USED:

List types of explosives to be used.

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____

at _____.

City/State

Notary Public

For the State of

SEAL

My commission expires _____, _____.

MONTANA BLASTER LICENSING PROGRAM
301 S Park, PO Box 200513
Helena, Montana 59620-0513
(406) 841-2351 FAX (406) 841-2305
E-mail dlibsdbbc@state.mt.us
Website: <http://www.discoveringmontana.com/dli/bla>

CONSTRUCTION BLASTER EXPERIENCE VERIFICATION

***THE LICENSED BLASTER THAT THE APPLICANT TRAINED UNDER MUST COMPLETE THIS FORM**

Name of Applicant: _____ Social Security#: _____

Dates of Employment: _____ From: _____ To: _____ Full-Time _____ Part-Time _____

Employer/Business Name and Telephone #: _____

Employer Business Address: _____

Types of Explosives Used and Application used for: _____

Name of Licensed Construction Blaster: _____

Address: _____

License #: _____ Class of License: _____ License Expiration Date: _____ State of Issuance: _____

AFFIDAVIT

I hereby declare under penalty of perjury that I have trained the above-named applicant and he/she has obtained the necessary experience in the construction blasting field as indicated above. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing.

Legal Signature of Licensed Construction Blaster

Date

Subscribed and sworn to by me this _____ day of _____, at _____

City/State

Notary Public

For the State of

SEAL

My commission expires _____, _____.